19th International Experts Symposium

Critical Issues
in Aortic Endografting 2015

PROGRAMME

May 15th and 16th 2015
Liverpool, United Kingdom

Course Directors
John Brennan, Rao Vallabhaneni

Scientific Committee
Rob Fisher, Stephan Haulon,
Martin Malina, ELG Verhoeven

Critical Issues in Aortic Endografting 2015

International Experts Symposium

BT Convention Centre, Liverpool, UK on Fri 15 and Sat 16 May 2015

Course Directors: J A Brennan, S R Vallabhaneni
Scientific Committee: R K Fisher, S Haulon, M Malina, ELG Verhoeven

EthicalMedTech Compliant

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Rao Vallabhaneni
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Eric Verhoeven
Nuremberg, Germany

Steve Wallace
Liverpool, UK

Rob Williams
Newcastle-upon-Tyne, UK

Chee Yeong
Warrington, UK

Oliver Zuzan
Liverpool, UK

Day 1 Friday 15 May 2015

Rate this on a scale of
1 (Poor) to 5 (Excellent)
Please tick box ✓

08:00 . . . . . **Registration opens**
Coffee

08:20 – 08:30 . . . . . **Opening Remarks**
John Brennan & Rao Vallabhaneni

08:30 – 09:30 . . . . . **Session 1. Surveillance**
Chairmen: Eric Verhoeven, Jonathan Boyle

Surveillance

Personalised surveillance after standard EVAR – how far are we from it?
Alan Karthikesalingam

1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐

1) Personalised surveillance after standard EVAR – how far are we from it?
Alan Karthikesalingam

Post-EVAR surveillance has major workload and expense implications. Matt Thompson's group have been developing validated models to distinguish patients who require intensive surveillance from those in whom less frequent surveillance would be adequate. Can we now start implementing surveillance tailored to individual patients that is safe, effective, better accepted and more economical?

Plain X-rays in EVAR Surveillance: are you using them the way they should be?
Richard McWilliams

1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐

2) Plain X-rays in EVAR Surveillance: are you using them the way they should be? *Richard McWilliams*

Plain X-Rays are extremely useful in EVAR surveillance and their value is often unrecognised. As ultrasound is increasingly being used instead of CT for surveillance, what are the complications that you will miss if you do not perform Plain X-Rays? How should they be done and interpreted?

Contrast enhanced ultrasound (CEUS) with harmonic imaging – is it better than CT?
Steve Wallace

1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐

3) Contrast enhanced ultrasound (CEUS) with harmonic imaging – is it better than CT? *Steve Wallace*

CEUS with modern scanners and contrast agents is a vast improvement on the original CEUS, but little has been published on this in the area of EVAR surveillance. With excellent sensitivity and the ability to provide real-time information, CEUS with harmonic imaging has the potential to surpass CT scanning in endoleak detection and characterization.

Expanding aneurysm with no endoleak. How best to investigate?
Dittmar Böckler

1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐

4) Expanding aneurysm with no endoleak. How best to investigate?
Dittmar Böckler

Aneurysms that go on expanding after EVAR are a source of concern as the continued anatomical distortion can lead to loss of seal and even rupture. The worse case scenario is if you cannot tell why the aneurysm is expanding. Listen to an expert about how best to investigate this problem.

What does the evidence say fEVAR and bEVAR surveillance should be?
Simon Hobbs

1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐

5) What does the evidence say fEVAR and bEVAR surveillance should be?
Simon Hobbs

Surveillance after fEVAR should not only reveal the state of aneurysm exclusion and any threats to it, but also detect any problems with target vessel perfusion. What is the state of evidence for the best methods and the frequency of surveillance required?

Panel discussion

09:30 – 10:30 . . . . . **Session 2. Secondary Intervention**
Chairmen: Martin Malina, Rob Fisher

Rate this on a scale of 1 (Poor) to 5 (Excellent) Please tick box ✓

Secondary Intervention

1) Profile of secondary interventions in current practice. *Bijan Modarai*

Improvements in stent-graft technology and physician experience have reduced the incidence of post-EVAR complications, but has not eliminated them. What are the secondary interventions being done these days and what for?

Profile of secondary intervention in current practice. *Bijan Modarai*

1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐

2) Intervention for type II endoleaks – what purpose does it serve?
Rob Williams

Type II endoleaks are usually left alone unless they are implicated in an additional problem such as aneurysm expansion. A plethora of techniques for tackling type II endoleaks have been described, but what are their success rates in eliminating the endoleak ? Is this usually all that is necessary?

Intervention for type II endoleaks – what purpose does it serve?
Rob Williams

1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐

3) Endoluminal relining of failing EVAR: when, why and how?
Rao Vallabhaneni

A technique to comprehensively shore-up a failing stent-graft is to reline it completely and endoluminally. When might this technique be useful, why, technical aspects of doing it and when not to attempt it.

Endoluminal relining of failing EVAR: when, why and how? *Rao Vallabhaneni*

1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐

4) Failed EVAR – What are the surgical options?
Mike Jenkins

A number of open surgical techniques are used to manage a failed EVAR. This includes open closure of endoleaks, banding of the aneurysm neck, repairing device fabric holes, in addition to complete or partial removal of the device and replacement with a surgical graft. What are the technical aspects?

Failed EVAR – What are the surgical options?
Mike Jenkins

1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐

5) Reinterventions specific to fenestrations and branches.
Stephan Haulon

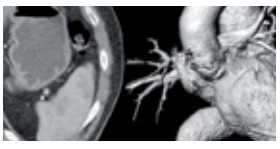
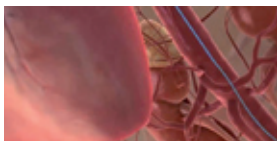
Advanced stent-graft technology has with it specific re-interventions with the aim of preserving or restoring target vessel related perfusion or seal issues. Share the experience of an experienced surgeon.

Reintervention specific to fenestrations and branches.
Stephan Haulon

1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐

Panel discussion

10:30 – 10:50 . . . . . Coffee

Day 1 Friday 15 May 2015

Rate this on a scale of 1 (Poor) to 5 (Excellent) Please tick box ✓

11:00 – 12:00 . . . . . **Session 3. Review of Evidence**
Chairmen: Jean-Pierre Becquemin, Francesco Torella

Review of Evidence

UK-EVAR I, OVER and Dream Trials: are the findings of these trials still applicable?
Jan Blankensteijn
1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐

1) UK-EVAR I, OVER and Dream Trials: are the findings of these trials still applicable? *Jan Blankensteijn*

It is nearly ten years since the first RCTs addressing open repair versus EVAR in patients suitable for both have been reported. EVAR technology as well as risk management in OR have changed since then. Are the conclusions of these trials still valid in today's practice and why?

UK-EVAR II and PIVOTAL Trials: Should you still offer EVAR to patients unfit for open repair? *Jonathan Boyle*
1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐

2) UK-EVAR II and PIVOTAL Trials: Should you still offer EVAR to patients unfit for open repair? *Jonathan Boyle*

RCTs of patients unfit for OR showed little benefit in offering them EVAR. Should you be offering EVAR at all to such patients in your practice currently and why?

EVAR for ruptured AAA: We know what the trials showed – don't we?
Rob Sayers
1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐

3) EVAR for ruptured AAA: We know what the trials showed – don't we?
Rob Sayers

There has been a surprising volume of research in this difficult area including RCTs. Why is there so much debate about the conclusions of the RCTs when they in fact appear to prove most of the prior suppositions were right?

INSTEAD XL: What is all the fuss about when it showed what you expect after INSTEAD?
Piergiorgio Cao
1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐

4) INSTEAD XL: What is all the fuss about when it showed what you expect after INSTEAD?
Piergiorgio Cao

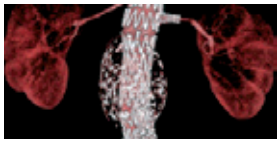
The INSTEAD trial showed that morphological changes in the aorta were favourable in the EVAR group when compared to those managed conservatively. There was optimism that this may well lead to better survival. Now the later follow-up (XL) shows that it is true, but critics are not convinced. Why?

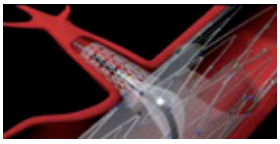
What we know and what we don't in relation to fEVAR versus open repair for juxtarenal aneurysms?
Nigel Armstrong
1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐

5) What we know and what we don't in relation to fEVAR versus open repair for juxtarenal aneurysms? *Nigel Armstrong*

A substantial proportion of fEVARs implanted made their way into publications of one sort or the other, making it one of the most closely scrutinized techniques. It is worth looking at the evidence then. Nigel is the lead author of the Technology Review commissioned by the British Health Technology Assessment (HTA) Programme and has scrutinized more than 5000 publications in this area!

Panel discussion





12:00 – 13:00 . . . . . **Session 4. Technology Update**

Chairmen: Rachel Bell, Jan Blankensteijn

Late-breaking presentations showcasing technological updates or clinical trial results from industry partners.

- **Aortic by Design**. *Carlos Camps*.
- **Balancing off-the-shelf devices and a personalised fit in endovascular graft design**. *Blayne Roeder.*
- **Results from the EVAS Forward Global Registry.** *Jean-Paul de Vries*
- **Trusted Performance Today and Tomorrow: innovative solutions and distinct technology capabilities**. *Rob Thomson*.
- **Endoluminal bypass for TAAA.** *Patrick Kelly*.
- **Protect the neck – a proven sealing technology preserving the neck anatomy.** *J-P Becquemin.*
- **Advanced Technologies for the treatment of highly angulated aortic necks.** *Nilo Mosquera*.

Discussion

13:00 – 14:00 . . . . . **Lunch and exhibition**

14:00 – 15:00 . . . . . **Session 5. Technological solutions to some old problems**

Chairmen: Piergiorgio Cao, Mike Jenkins

Technological solutions to some old problems

1) Can we eradicate the scourge of endoleaks ? *Rachel Bell*

There are endoleaks and there are endoleaks ! Whatever your take on different endoleaks is, life would be much better if there are no endoleaks. What are the strategies tried to eradicate them and can we eradicate them?

2) Incidence and consequences of stent-graft fatigue. *Thomas Larzon*

The composite nature of stent-grafts creates a risk of failure due to fatigue and material interaction. How frequent is this problem now and what are the consequences?

3) Can we disregard neck and iliac anatomy if we seal the aneurysm? *Dittmar Böckler*

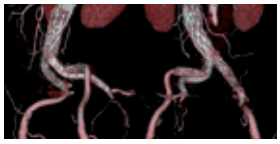
Endovascular Aneurysm Sealing is a new concept, where seal is obtained by filling the aneurysm lumen with polymer bags. As this is clearly different from the traditional EVAR, can we safely ignore the anatomy of the aneurysm neck and iliac segments?

4) Is off-the shelf technology for branched and fenestrated devices likely to supersede custom-made devices? *Timothy Resch*

The problem of maintaining visceral perfusion while extending seal zones beyond them has been effectively solved with the use of custom-made devices. There will be advantages if these advanced devices are available off-the-shelf. What is the current state-of-the art?

5) Solving the problem of the aortic arch. *Donald Adam*

Aortic arch creates a difficult challenge with its curved anatomy, proximity to the heart and location of great vessels. How is this being tackled for stent-grafting?



Rate this on a scale of 1 (Poor) to 5 (Excellent) Please tick box ✓

Can we eradicate the scourge of endoleaks ?
Rachel Bell

1 ☐ *2* ☐ *3* ☐ *4* ☐ *5* ☐

Incidence and consequences of stent-graft fatigue.

1 ☐ *2* ☐ *3* ☐ *4* ☐ *5* ☐

Can we disregard neck and iliac anatomy if we seal the aneurysm?
Andrew Holden

1 ☐ *2* ☐ *3* ☐ *4* ☐ *5* ☐

Is off-the shelf technology for branched and fenestrated devices likely to supersede custom-made devices?
Timothy Resch

1 ☐ *2* ☐ *3* ☐ *4* ☐ *5* ☐

Solving the problem of the aortic arch.
Frans Moll

1 ☐ *2* ☐ *3* ☐ *4* ☐ *5* ☐

Day 1 Friday 15 May 2015

Rate this on a scale of 1 (Poor) to 5 (Excellent) Please tick box ✓

15:00 – 16:00 . . . . **Session 6. Patient selection and Screening**
Chairmen: Cherrie Abraham, John Brennan

Patient selection and Screening

In defence of UK AAA screening programme: it is not a waste of time and money.
Rob Fisher

1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐

1) In defence of UK AAA screening programme: it is not a waste of time and money.
Rob Fisher

The detection rates of AAA in the UK's national screening programme are nowhere near the rates seen in the trial that gave us the evidence basis for screening. Sceptics might question the utility of this expensive programme, but Rob Fisher will tell us why it is still worth it.

What purpose if any, does CPEX Testing serve in relation to aortic aneurysms?
Oliver Zuzan

1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐

2) What purpose if any, does CPEX Testing serve in relation to aortic aneurysms?
Oliver Zuzan

Most physicians are confident at interpreting the results of a test they have ordered, that is until they are given the print out of a CPEX test ! This test is widely used and its value widely debated. What is it a test of? What are the implications of different results? Are they the same for OR and EVAR?

Standard EVAR in challenging short necks: what have we learned about durability ?. *Theo Bisdas*

1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐

3) Standard EVAR in challenging short necks: what have we learned about durability ?. *Theo Bisdas*

With increasing experience, the temptation is greater than ever to implant standard EVAR in short and challenging necks instead of turning to complex or advanced techniques. Is this approach justified ? What can be said from PANDORA registry?

Managing frailty in aneurysm patients.
Nadine Carroll

1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐

4) Managing frailty in aneurysm patients. *Nadine Carroll*

With emphasis not only upon reducing perioperative mortality, but also upon quality of life extended as result of aneurysm repair, managing frailty in this group of elderly patients is essential. How to do it?

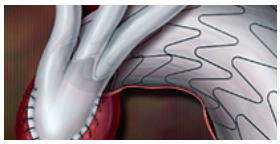
Day case EVAR.
Simon Neequaye

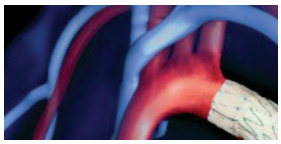
1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐

5) Day case EVAR. *Simon Neequaye*

Is 'day case' the only reason to do EVAR percutaneously although you get perfect results with conventional exposure of femoral arteries? Anatomical features you need to be cautious about to do a PEVAR. Techniques and options available. Managing other aspects to make day case EVAR a safe proposition.

16:00 – 16:20 . . . . Coffee





16:30 – 17:40 . . . . . **Session 7. Advanced EVAR**
Chairmen: Stephan Haulon, Rao Vallabhaneni

Rate this on a scale of 1 (Poor) to 5 (Excellent) Please tick box ✓

Advanced EVAR

1) Chimneys, periscopes and snorkels (CHIMPS): Overview of potential stent-graft combinations – what works best?
Martin Austermann

Target vessel perfusion can be maintained by innovative use of visceral vessel stents in combination with standard EVAR devices, which may well be off-label use. With a range of covered, uncovered, self-expanding and balloon expandable stents available to go with another range of EVAR devices, what are the best possible combinations for this and why?

Chimneys, periscopes and snorkels (CHIMPS): Overview of potential stent-graft combinations – what works best?
Martin Austermann
1 2 3 4 5

2) Debate: Avoid CHIMPS at all costs!
Barend Mees

Debate: Avoid CHIMPS at all costs!
Barend Mees
1 2 3 4 5

3) Debate: CHIMPS are your best friend!
Eric Ducasse

Opinions are divided if the use of CHIMPS is wise and effective or not. Two experts debate the pros and cons of these techniques.

Debate: CHIMPS are your best friend!
Eric Ducasse
1 2 3 4 5

4) Overlook iliac zones at your peril!
John Brennan.

While a lot of emphasis is placed on aneurysm neck, in fact, creating or maintaining a seal in the iliac zones can be frequently troublesome. Why should we pay attention to iliac zones and how?

Overlook iliac zones at your peril!
John Brennan.
1 2 3 4 5

5) What would be the ideal consignment stock to manage ruptured AAAs?
Jean-Paul de Vries

From a population point of view, what proportion of rAAA would be best treated by different configurations including bifurcated systems, AUI, Nellix etc

What would be the ideal consignment stock to manage ruptured AAAs?
Jean-Paul de Vries
1 2 3 4 5

6) TEVAR for Ruptured TAAA.
J-P Bequemin

Applicability and results of TEVAR for ruptured TAAA.

TEVAR for Ruptured TAAA.
J-P Bequemin
1 2 3 4 5

18:00 . . . . . **Reception in exhibition area**

19:30 . . . . . **"A Liverpool Tale!"** (*Interactive case presentation*) **John Brennan**
Dinner: at The Venue, Royal Liver Building, Liverpool.
Sponsored by **Endologix**

DINNER

Please present your invitation at the entrance.

Day 2 Saturday 16 May 2015

Rate this on a scale of 1 (Poor) to 5 (Excellent) Please tick box ✓

08:00 - 08.30 . . . . . **Registration and coffee**

08:30 – 09:30. . . . . **Session 8. Imaging for EVAR**
Chairmen: Rob Sayers, Rob Williams

Imaging for EVAR

Low-dose CT for EVAR planning and surveillance.
Chee Yeong

1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐

1) Low-dose CT for EVAR planning and surveillance.
Chee Yeong

Developments in CT image acquisition allow capturing arterial images with approximately a quarter of the usual radiation dose and lower contrast load. How does this work? How much lower radiation and contrast volume? Adapting your work to this new method of imaging and early clinical results.

Advanced functions of intraoperative imaging – do they represent real value, or just fancy terminology? *Tom Carrell*

1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐

2) Advanced functions of intraoperative imaging – do they represent real value, or just fancy terminology? *Tom Carrell*

A variety of intraoperative guidance facilities and advanced features have been introduced into angiographic equipment. What are they? What are they useful for? Do they bring real value or just fancy tricks?

3-D Ultrasound – Clinical application.
Chris Lowe

1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐

3) 3-D Ultrasound – Clinical application.
Chris Lowe

A significant breakthrough is the advent of 3-D ultrasound, particularly when combined with contrast enhancement. How does this new technology work ? Clinical results and application to aneurysms.

How essential is the provision of a Hybrid Operating Theatre for an EVAR programme?
Vince Smyth

1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐

4) How essential is the provision of a Hybrid Operating Theatre for an EVAR programme?
Vince Smyth

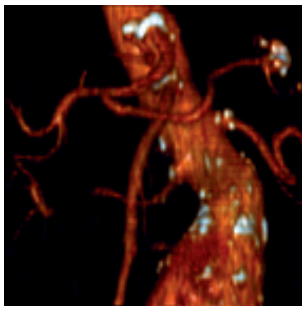
European standards for hybrid operating theatre. Regulatory and clinical implications of theatre environment for EVAR programme.

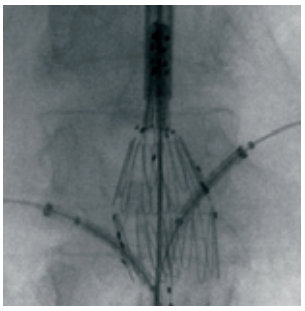
Carbon dioxide EVAR. Practical use.
Martin Malina

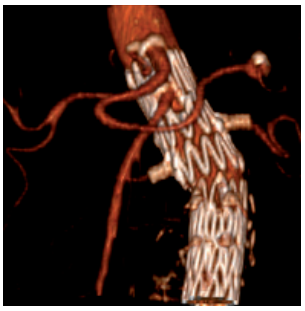
1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐

5) Carbon dioxide EVAR. Practical use.
Martin Malina

There are a small but significant number of patients in whom avoidance of any iodinated contrast material will be valuable. Technique of EVAR using CO2 contrast – how do I do it? Why is it not used more widely?







09:30 – 10:30 . . . . . **Session 9. Thoracic EVAR and Dissection**
Chairmen: Rachel Bell, Mike Jenkins

Rate this on a scale of 1 (Poor) to 5 (Excellent) Please tick box ✓

Thoracic EVAR and Dissection

1) Use of stent-grafts in the ascending aorta – the ultimate challenge.
Ralf Kolvenbach

Clinical situations when you may wish to consider stent-grafting in the ascending aorta. Anatomical and physiological factors that make it a difficult proposition. Expert with substantial experience of this procedure shares his views.

Use of stent-grafts in the ascending aorta – the ultimate challenge.
Ralf Kolvenbach
1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐

2) Clinical decision making in acute Type B dissection.
Aung Oo

How to manage the acute Type B dissection? What are the aims of medical management and how do you recognize failure of medical management?

Clinical decision making in acute Type B dissection.
Aung Oo
1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐

3) Technical aspects of TEVAR for acute/post-acute Type B Dissection.
Eric Verhoeven

What are the aims of intervention and technical considerations to plan TEVAR. Extent of coverage, intraoperative techniques, use of distal bare segments, evaluating adequacy of intervention.

Technical aspects of TEVAR for acute/post-acute Type B Dissection.
Eric Verhoeven
1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐

4) Physiology of spinal cord protection and monitoring.
Geert Willem Schurink

The physiology of motor evoked potentials and their monitoring. How are they used intra and post operatively to prevent paraplegia?

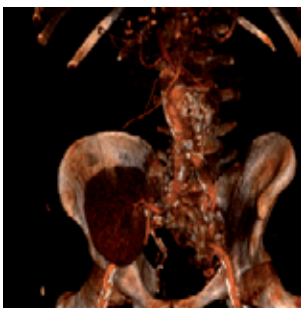
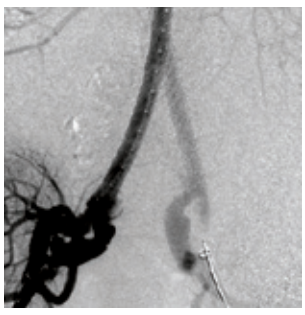
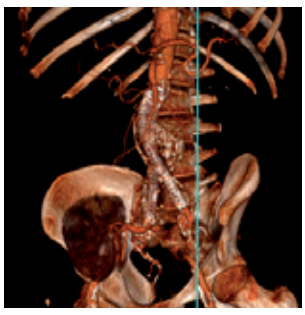
Physiology of spinal cord protection and monitoring.
Geert Willem Schurink
1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐

5) Paraplegia-prevention branch (PPB) - Does it have a role?
Cherrie Abraham.

Incorporation of a dedicated branch in a device to maintain intercostal/lumbar artery perfusion via the aneurysm cavity (a deliberate endoleak) is referred to as a PPB. The strategy is to close this once you are no longer concerned with the risk of spinal cord ischemia, and often as a secondary intervention. Technical and practical aspects of using a PPB.

Paraplegia-prevention branch (PPB) - Does it have a role?
Cherrie Abraham.
1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐

10:30 – 10:50 . . . . . Coffee

Day 2 Saturday 16 May 2015

Rate this on a scale of 1 (Poor) to 5 (Excellent) Please tick box ✓

11:00 – 12:30 . . . . . **Session 10. Complex EVAR**

Chairmen: Manoj Kuduvalli, Richard McWilliams

Complex EVAR

1) "Impossible" cannulations in fenestrated/branched endografts: can we leave some fenestrations un-stented ? *Eric Verhoeven*

Cannulating target vessels followed by tracking sheaths and stents can be challenging when doing a f/b EVAR. Troubleshooting advise from an experienced and physician and what to do with the 'impossible' situation?

"Impossible" cannulations in fenestrated/branched endografts: can we leave some fenestrations un-stented ? *Eric Verhoeven*

1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐

2) Combined EVAR and CABG – single centre series.
Francesco Torella

The combination of a large AAA and coronary disease requiring CABG create a difficult scenario. AAA repair first increases the risk of a perioperative MI and CABG first runs the risk of AAA rupture. First-ever series of concomitant EVAr and CABG.

Combined EVAR and CABG – single centre series.
Ramesh Tripathi

1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐

3) Chronic dissection – the challenges of creating a proximal landing zone for the treatment of CTBAD.
Colin Bicknell

Chronic dissection – the challenges of creating a proximal landing zone for the treatment of CTBAD.

1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐

4) Chronic dissection: dealing with the visceral segment and a fibrosed septum in CTBAD.
Donald Adam

Chronic dissection: dealing with the visceral segment and a fibrosed septum in CTBAD.
Donald Adam

1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐

5) Dealing with the distal end of the repair in CTBAD. *Eric Verhoeven*

Endovascular repair is a very useful technique to have in your armamentarium if you are confronted with chronic Type B dissections that need treatment. This is an area where morphology and challenges are varied and difficult. These three lectures deal with the different areas - proximal landing zone, visceral segment and distal landing zone.

Dealing with the distal end of the repair in CTBAD.
Eric Verhoeven

1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐

13:00 . . . . . Lunch and close of meeting.

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Registration:

Complete the evaluation forms and hand to registration to collect your CPD

Social programme:

Friday 15 May ....18:00 .... Reception

19:30 .... Dinner at the Royal Liver Building, Liverpool

Sightseeing tours available for accompanying persons.

Critical Issues 2015

May 15th and 16th 2015
Liverpool, United Kingdom

Conference organiser:

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Critical Issues in Aortic Endografting 2015, Liverpool, UK is EthicalMedTech **Compliant.**

Attending the full symposium gives 9 hours of CPD.

KEEP THE DATE

Critical Issues 2016
May 20-21, Lille, France
Course Director: Stéphan Haulon